CITY OF JEFFERSON
WATER & SEWER APPLICATION

APPLICANT INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # __ __ __ - __ __ - __ __ __ __ DL# & STATE _____

PRESENT EMPLOYER _____

EMPLOYER ADDRESS_____ EMP PH #_____

SPOUSE OR ROOMMATE _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # __ __ __ - __ __ - __ __ __ __ DL# & STATE _____

DATE YOU WANT SERVICE TO BEGIN _____

SERVICE ADDRESS _____
NUMBER STREET APT #

MAILING ADDRESS _____
NUMBER STREET PO BOX

_____
CITY STATE ZIPCODE

PREVIOUS ADDRESS _____
NUMBER STREET CITY, STATE, ZIP

PHONE (H) _____ (CELL) _____

EMAIL ADDRESS_____

OWN ____ RENT ____ (IF RENTING: PLEASE PROVIDE COPY OF LEASE IF ONE DONE)

LANDLORD NAME _____PHONE _____

IF THIS IS AN APPLICATION BY AN EXISTING OR FORMER CUSTOMER OR OCCUPANT, THE CUSTOMER AGREES THAT ANY BALANCE DUE TO THE CITY BY THE CUSTOMER OR OTHER OCCUPANT AT THE SAME ADDRESS ON A PREVIOUS OR EXISTING WATER AND SEWER ACCOUNT WILL BE PAID PRIOR TO THE NEW SERVICE CONNECTION. THIS APPLICATION IS SUBJECT TO A 48 HOUR REVIEW, BEFORE SERVICE CAN BE ESTABLISHED.

_____ _____
APPLICANT SIGNATURE DATE CO-APPLICANT SIGNATURE DATE

OFFICE USE _____

DEPOSIT AMOUNT $_____ RECEIPT DATE_____ ACCOUNT # _____

ID'S CHECKED Y N INITIALS_____ ATTACH A COPY OF PHOTO ID